

Case Number:	CM14-0032686		
Date Assigned:	06/20/2014	Date of Injury:	03/24/2011
Decision Date:	07/21/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66-year-old female who reported an injury on 03/24/2011 due to a fall. The injured worker reportedly sustained an injury to multiple body parts to include the bilateral wrists and hands, knees, and low back. The injured worker's treatment history included physical therapy and chiropractic care. History included physical therapy and chiropractic care. The injured worker was evaluated on 12/30/2013. It was documented that the patient had pain complaints of the lumbar spine, bilateral wrists, and bilateral knees. Physical findings included limited lumbar range of motion secondary to pain with trigger points upon palpation. Evaluation of the bilateral wrists documented painful range of motion with tenderness to palpation along the lateral and medial aspects and ulnar aspects of the bilateral wrists with a positive Phalen's sign. Evaluation of the bilateral knees documented bilateral positive McMurray's sign, tenderness to palpation of the anterior and lateral and medial knee joint, and decreased painful range of motion. The patient's diagnoses include lumbar disc protrusion, lumbar musculoligamentous injury, lumbar myospasm, left carpal tunnel syndrome, left wrist sprain/strain, status post surgery left wrist, right carpal sprain/strain, right carpal tunnel syndrome, left knee internal derangement, left knee lateral meniscus tear, left knee sprain/strain, right knee internal derangement, right knee sprain/strain, and elevated blood pressure and hypertension. The injured worker's treatment plan included 12 visits of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective Pool Therapy 2 x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The requested aquatic therapy is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends aquatic therapy for injured workers who require a non-weightbearing environment while participating in physical rehabilitation. The clinical documentation submitted for review does not provide any evidence that the injured worker requires a non-weightbearing environment and cannot fully participate in land-based therapy. Additionally, the clinical documentation indicates that the patient has previously undergone land-based physical therapy. The outcome of that therapy was not provided. Therefore, the need for additional therapy cannot be determined. As such, the requested retrospective pool therapy two times a week for six weeks is not medically necessary or appropriate.